

APPENDIX A

ANNOTATED QUESTIONNAIRE – QUARTER III

Health Care Survey of DoD Beneficiaries



July 2002

SURVEY INSTRUCTIONS

Answer all the questions by checking the circle to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see a note that tells you what question to answer next, like this:

- ☐ Yes **Go to Question 1**
☐ No

Please return the completed questionnaire in the enclosed postage-paid envelope within **seven days**. If you have misplaced the envelope, our address is:

Office of the Assistant Secretary of Defense (Health Affairs)
c/o Survey Processing Center
PO Box 82660
Lincoln, NE 68501-9462

According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read it carefully.

Authority: 10 U.S.C., Chapter 55, Public Law 102-484, E.O. 9397.

Purpose: This survey helps health policy makers gauge beneficiary satisfaction with the current military healthcare system and provides valuable input from beneficiaries that will be used to improve the Military Health System.

Routine Uses: None

Disclosure: Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.

—————SURVEY STARTS HERE—————

This survey is about the health care of the person addressed in the cover letter. The questionnaire should be completed by that person. If you are not the addressee, please give this survey to the person named in the cover letter.

1. Are you the person whose name appears on the mailing label of this envelope?

- ☐ Yes **Go to Question 2**
☐ No **Please give this questionnaire to the person addressed on the envelope.**



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2. By which of the following health plans are you currently covered? MARK ALL THAT APPLY.

a. Military Health Plans

- ☐ TRICARE Prime
- ☐ TRICARE Extra or Standard (CHAMPUS)
- ☐ TRICARE Plus

b. Other Health Plans

- ☐ Medicare
- ☐ Federal Employees Health Benefit Program (FEHBP)
- ☐ Medicaid
- ☐ A civilian HMO (such as Kaiser)
- ☐ Other civilian health insurance (such as Blue Cross)
- ☐ Uniformed Services Family Health Plan (USFHP)
- ☐ The Veterans Administration (VA)
- ☐ Not Sure

3. Currently, are you covered by Medicare Part A? Medicare is the federal health insurance program for people aged 65 or older and for certain disabled people. Medicare Part A helps pay for inpatient hospital care.

- ☐ Yes, I am now covered by Medicare Part A
- ☐ No, I am not covered by Medicare Part A

4. Currently, are you covered by Medicare Part B? Medicare is the federal health insurance program for people aged 65 or older and for certain disabled people. Medicare Part B helps pay for doctor's services, outpatient hospital services, and certain other services.

- ☐ Yes, I am now covered by Medicare Part B
- ☐ No, I am not covered by Medicare Part B

5. Currently, are you covered by Medicare supplemental insurance? Medicare supplemental insurance, also called Medigap or MediSup, is usually obtained from private insurance companies and covers some of the costs not paid for by Medicare.

- ☐ Yes, I am now covered by Medicare supplemental insurance
- ☐ No, I am not covered by Medicare supplemental insurance

6. Which health plan did you use for all or most of your healthcare in the last 12 months? MARK ONLY ONE.

- ☐ TRICARE Prime
- ☐ TRICARE Extra or Standard (CHAMPUS)
- ☐ TRICARE Plus
- ☐ Medicare
- ☐ Federal Employees Health Benefit Program (FEHBP)
- ☐ Medicaid
- ☐ A civilian HMO (such as Kaiser)
- ☐ Other civilian health insurance (such as Blue Cross)
- ☐ Uniformed Services Family Health Plan (USFHP)
- ☐ The Veterans Administration (VA)
- ☐ Not sure
- ☐ Did not use any health plan in the last 12 months **Go to Question 8**

For the remainder of this questionnaire, the term health plan refers to the plan you indicated in Question 6.

7. How many months or years in a row have you been in this health plan?

- ☐ Less than 6 months ☐ 12 up to 24 months ☐ 5 up to 10 years
☐ 6 up to 12 months ☐ 2 up to 5 years ☐ 10 or more years

_____YOUR PERSONAL DOCTOR, OR NURSE_____

The next questions ask about your own healthcare. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

8. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

When you joined your health plan or at any time since then, did you get a new personal doctor or nurse?

- ☐ Yes ☐ No Go to Question 10

9. With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

- ☐ A big problem ☐ A small problem ☐ Not a problem ☐ I didn't get a new personal doctor or nurse.

10. Do you have one person you think of as your personal doctor or nurse?

- ☐ Yes ☐ No Go to Question 12

11. We want to know your rating of your personal doctor or nurse.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?

- ☐ 0 Worst personal doctor or nurse possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best personal doctor or nurse possible
☐ I don't have a personal doctor or nurse.

12. Are you currently enrolled in TRICARE Prime?

- ☐ Yes ☐ No Go to Question 15



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13. As a member of TRICARE Prime, do you have a Primary Care Manager (PCM) based in a military or civilian facility?

(In TRICARE Prime, a PCM is a healthcare provider who is your primary point of contact with the health system. He or she provides routine care, coordinates your total healthcare, arranges for hospital admissions, makes referrals to specialists, maintains health records, and recommends preventive and wellness services.)

- ☐ A primary care manager based at a military facility ☐ Not sure **Go to Question 15**
☐ A primary care manager based at a civilian facility ☐ Not a member of TRICARE Prime **Go to Question 15**

14. Do you know your PCM's name?

- ☐ Yes ☐ No

—————GETTING HEALTHCARE FROM A SPECIALIST—————

When you answer the next questions, do not include dental visits.

15. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of healthcare.

In the last 12 months, did you or a doctor or nurse think you needed to see a specialist?

- ☐ Yes ☐ No **Go to Question 17**

16. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?

- ☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't need to see a specialist in the last 12 months.

17. In the last 12 months, did you see a specialist?

- ☐ Yes ☐ No **Go to Question 20**

18. We want to know your rating of the specialist you saw most often in the last 12 months, including a personal doctor if he or she was a specialist.

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?

- ☐ 0 Worst specialist possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best specialist possible
☐ I didn't see a specialist in the last 12 months.

19. In the last 12 months, was the specialist you saw most often the same doctor as your personal doctor?

- ☐ Yes ☐ No ☐ I don't have a personal doctor or I didn't see a specialist in the last 12 months.

—————CALLING DOCTORS' OFFICES—————

20. In the last 12 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

- ☐ Yes ☐ No Go to Question 22

21. In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed ?

- ☐ Never ☐ Usually ☐ I didn't call for help or advice during regular office hours in the last 12 months.
☐ Sometimes ☐ Always

—————YOUR HEALTHCARE IN THE LAST 12 MONTHS—————

22. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for healthcare.

In the last 12 months, did you make any appointments with a doctor or other health provider for regular or routine healthcare?

- ☐ Yes ☐ No Go to Question 25

23. In the last 12 months, how often did you get an appointment for regular or routine healthcare as soon as you wanted?

- ☐ Never ☐ Usually ☐ I didn't need an appointment for regular or routine care in the last 12 months.
☐ Sometimes ☐ Always

24. In the last 12 months, how many days did you usually have to wait between making an appointment for regular or routine care and actually seeing a provider?

- ☐ Same day ☐ 4-7 days ☐ 31 days or longer
☐ 1 day ☐ 8-14 days ☐ I tried but could not get an appointment.
☐ 2-3 days ☐ 15-30 days ☐ I didn't need an appointment for regular or routine care in the last 12 months.

25. In the last 12 months, did you have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

- ☐ Yes ☐ No Go to Question 28

26. In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?

- ☐ Never ☐ Usually ☐ I didn't need care right away for an illness or injury in last 12 months.
☐ Sometimes ☐ Always



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27. In the last 12 months, how long did you usually have to wait between trying to get care and actually seeing a provider for an illness or injury?

- ☐ Same day ☐ 3 days ☐ 15 days or longer
☐ 1 day ☐ 4-7 days ☐ I didn't need care right away for an illness or injury in the last 12 months.
☐ 2 days ☐ 8-14 days

28. In the last 12 months, how many times did you go to an emergency room to get care for yourself?

- ☐ None ☐ 1 ☐ 2-3 ☐ 4-6 ☐ More than 6

29. In the last 12 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?

- ☐ None **Go to Question 40** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 to 9 ☐ 10 or more

30. In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?

- ☐ A big problem ☐ A small problem ☐ Not a problem ☐ I had no visits in the last 12 months.

31. In the last 12 months, how much of a problem, if any, were delays in healthcare while you waited for approval from your health plan?

- ☐ A big problem ☐ A small problem ☐ Not a problem ☐ I had no visits in the last 12 months.

32. In the last 12 months, how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you went to see?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

33. In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

34. In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

35. In the last 12 months, how often did doctors or other health providers listen carefully to you?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

36. In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

37. In the last 12 months, how often did doctors or other health providers show respect for what you had to say?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

38. In the last 12 months, how often did doctors or other health providers spend enough time with you?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

39. We want to know your rating of all your healthcare in the last 12 months from all doctors and other health providers.

Use any number from 0 to 10 where 0 is the worst healthcare possible, and 10 is the best healthcare possible. How would you rate all your healthcare?

- ☐ 0 Worst healthcare possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best healthcare possible
☐ I had no visits in the last 12 months.

—————DENTAL CARE—————

40. In the last 12 months, did you get care from a dentist's office or dental clinic?

- ☐ Yes ☐ No Go to Question 43

41. In the last 12 months, how many times did you go to a dentist's office or dental clinic for care for yourself?

- ☐ None Go to Question 43 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 to 9 ☐ 10 or more

42. We want to know your rating of your dental care from all dentists and other dental providers in the last 12 months.

Use any number from 0 to 10 where 0 is the worst dental care possible, and 10 is the best care possible. How would you rate your dental care?

- ☐ 0 Worst dental care possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best dental care possible
☐ I didn't have any dental care in the last 12 months.



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_____BEHAVIORAL HEALTH_____

43. In the last 12 months, did you need any treatment or counseling for a personal or family problem?

- ☐ Yes ☐ No Go to Question 46

44. In the last 12 months, how much of a problem, if any, was it to get the treatment or counseling you needed through your health plan?

- ☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't get any prescriptions in the last 12 months

45. We want to know your rating of all the treatment or counseling you got in the last 12 months.

Use any number from 0 to 10 where 0 is the worst treatment or counseling possible, and 10 is the best treatment or counseling possible. How would you rate your treatment or counseling?

- ☐ 0 Worst treatment or counseling possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best treatment or counseling possible

_____PRESCRIPTION MEDICINE_____

46. In the last 12 months, did you get any new prescription medicine or refill a prescription?

- ☐ Yes ☐ No Go to Question 50

47. In the last 12 months, how much of a problem, if any, was it to get your prescription medicine from your health plan?

- ☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't get any prescriptions in the last 12 months

48. In the last 12 months, how often did you get the prescription medicine you needed through your health plan?

- ☐ Never ☐ Usually ☐ I didn't get any prescriptions in the last 12 months
☐ Sometimes ☐ Always

49. In the last 12 months, how many prescriptions did you have that were written by a civilian provider but were filled at a military pharmacy? INCLUDE REFILLS.

- ☐ None ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ More than 15

50. In the last 12 months, where did you go most often for your healthcare? MARK ONLY ONE ANSWER.

- ☐ A military facility - This includes: Military clinic, Military hospital, PRIMUS clinic, NAVCARE clinic
☐ A civilian facility - This includes: Doctor's office, Clinic, Hospital, Civilian TRICARE contractor
☐ Uniformed Services Family Health Plan facility (USFHP)
☐ Veterans Affairs (VA) clinic or hospital
☐ I went to none of the listed types of facilities in the last 12 months.

51. What is the single most important reason to you in your decision whether to use a military treatment facility (MTF) for your healthcare? MARK ONLY ONE

- | | |
|---|---|
| <input type="radio"/> Cost to you | <input type="radio"/> Military courtesy |
| <input type="radio"/> Convenience of location | <input type="radio"/> Relationship with a personal physician |
| <input type="radio"/> Quality of healthcare | <input type="radio"/> Co-location of services in a MTF |
| <input type="radio"/> Convenience of telephone access | <input type="radio"/> Lack of paperwork/claims |
| <input type="radio"/> Timeliness of appointments | <input type="radio"/> I am active duty and entitled to MTF care |

_____**YOUR HEALTH PLAN**_____

The next questions ask about your experience with your health plan. By your health plan, we mean the health plan you marked in Question 6.

52. Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you.

In the last 12 months, did you or anyone else send in any claims to your health plan?

- ☐ Yes ☐ No **Go to Question 56** ☐ Don't know **Go to Question 56**

53. In the last 12 months, how often did your health plan handle your claims in a reasonable time?

- ☐ Never ☐ Usually ☐ Don't know
☐ Sometimes ☐ Always ☐ No claims were sent for me in the last 12 months.

54. In the last 12 months, how often did your health plan handle your claims correctly?

- ☐ Never ☐ Usually ☐ Don't know
☐ Sometimes ☐ Always ☐ No claims were sent for me in the last 12 months.

55. In the last 12 months, before you went for care, how often did your health plan make it clear how much you would have to pay?

- ☐ Never ☐ Usually ☐ Don't know
☐ Sometimes ☐ Always ☐ No claims were sent for me in the last 12 months.



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56. In the last 12 months, did you look for any information in written materials from your health plan?

☐ Yes ☐ No Go to Question 58

57. In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?

☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't look for information from my health plan in the last 12 months.

58. In the last 12 months, did you call your health plan's customer service to get information or help?

☐ Yes ☐ No Go to Question 60

59. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't call my health plan's customer service in the last 12 months.

60. In the last 12 months, have you called or written your health plan with a complaint or problem?

☐ Yes ☐ No Go to Question 63

61. How long did it take for the health plan to resolve your complaint?

☐ Same day ☐ 4 or more weeks
☐ 1 week ☐ I am still waiting for it to be settled.
☐ 2 weeks ☐ I haven't called or written with a complaint or problem in the last 12 months.
☐ 3 weeks

62. Was your complaint or problem settled to your satisfaction?

☐ Yes ☐ I am still waiting for it to be settled.
☐ No ☐ I haven't called or written with a complaint or problem in the last 12 months.

63. Paperwork means things like having your records changed, processing forms, or other paperwork related to getting care.

In the last 12 months, did you have any experiences with paperwork for your health plan?

☐ Yes ☐ No Go to Question 65

64. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?

☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't have any experiences with paperwork for my health plan in the last 12 months.

65. We want to know your rating of all your experience with your health plan.

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?

- ☐ 0 Worst health plan possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health plan possible

66. If you are currently enrolled in TRICARE Prime, how likely are you to disenroll from TRICARE Prime for a different type of health plan in the next 12 months?

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Neither likely nor unlikely
- ☐ Likely
- ☐ Very likely
- ☐ Not sure
- ☐ I am not currently enrolled in TRICARE Prime.

-----PREVENTATIVE CARE-----

Preventative care is medical care you receive that is intended to maintain your good health or prevent a future medical problem. A physical or a cholesterol screening are examples of preventative care.

67. Not counting when you were sick or pregnant, when was the last time you had a general medical or physical examination or checkup?

- ☐ Less than 12 months ago
- ☐ 1 to 2 years ago
- ☐ More than 2 but less than 5 years ago
- ☐ 5 or more years ago
- ☐ Never had a general physical or checkup

68. When did you last have a blood pressure reading?

- ☐ Less than 12 months ago
- ☐ 1 to 2 years ago
- ☐ More than 2 years ago

69. Do you know if your blood pressure is too high?

- ☐ Yes, it is too high
- ☐ No, it is not too high
- ☐ Don't know

70. When did you last have a cholesterol screening, that is, a test to determine the level of cholesterol in your blood?

- ☐ Less than 12 months ago
- ☐ 1 to 2 years ago
- ☐ More than 2 but less than 5 years ago
- ☐ 5 or more years ago
- ☐ Never had a cholesterol screening



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71. When did you last have a flu shot?

- ☐ Less than 12 months ago ☐ 1 to 2 years ago ☐ More than 2 years ago ☐ Never had a flu shot

72. Have you ever smoked at least 100 cigarettes in your entire life?

- ☐ Yes ☐ No Go to Question 76 ☐ Don't know Go to Question 76

73. Do you now smoke every day, some days or not at all?

- ☐ Every day Go to Question 75 ☐ Not at all Go to Question 74
☐ Some days Go to Question 75 ☐ Don't know Go to Question 76

74. How long has it been since you quit smoking cigarettes?

- ☐ Less than 12 months Go to Question 75 ☐ Don't know Go to Question 76
☐ 12 months or more Go to Question 76

75. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

- ☐ None ☐ 1 visit ☐ 2 to 4 visits ☐ 5 to 9 visits ☐ 10 or more visits

76. Are you male or female?

- ☐ Male Go to Question 77 ☐ Female Go to Question 78

77. When was the last time you had a prostate gland examination or blood test for prostate disease?

- ☐ Within the last 12 months ☐ More than 2 but less than 5 years ago ☐ Never had a prostate gland examination
☐ 1 to 2 years ago ☐ 5 or more years ago

Go to Question 85

78. When did you last have a Pap smear test?

- ☐ Within the last 12 months ☐ More than 3 but less than 5 years ago ☐ Never had a Pap smear test
☐ 1 to 3 years ago ☐ 5 or more years ago

79. Are you under age 40?

- ☐ Yes Go to Question 82 ☐ No

80. When was the last time your breasts were checked by mammography?

- ☐ Within the last 12 months ☐ More than 2 years but less than 5 years ago ☐ Never had a mammogram
☐ 1 to 2 years ago ☐ 5 or more years ago

81. When was the last time you had a breast exam by a healthcare professional?

- ☐ Within the last 12 months ☐ More than 2 years but less than 5 years ago ☐ Never had a breast exam
☐ 1 to 2 years ago ☐ 5 or more years ago

82. Have you been pregnant in the last 12 months or are you pregnant now?

- ☐ Yes, I am currently pregnant **Go to Question 83**
☐ No, I am not currently pregnant, but have been in the past 12 months **Go to Question 84**
☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months **Go to Question 85**

83. In what trimester is your pregnancy?

- ☐ First trimester ☐ Second trimester ☐ Third trimester

84. In which trimester did you first receive prenatal care?

- ☐ First trimester ☐ Second trimester ☐ Third trimester ☐ Did not receive prenatal care

—————**ABOUT YOU**—————

85. In general, how would you rate your overall health now?

- ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

86. In general, how would you rate your overall mental or emotional health now?

- ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

87. We want to know how you feel about your life overall.

Use any number from 0 to 10 where 0 is the worst life possible, and 10 is the best life possible. How would you rate your life right now?

- ☐ 0 Worst life possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best life possible



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88. What is the highest grade or level of school that you have completed?

- | | |
|--|---|
| <input type="radio"/> 8th grade or less | <input type="radio"/> Some college or 2-year degree |
| <input type="radio"/> Some high school, but did not graduate | <input type="radio"/> 4-year college graduate |
| <input type="radio"/> High school graduate or GED | <input type="radio"/> More than 4-year college degree |

89. Are you of Hispanic or Latino origin or descent? (Mark "NO" if not Spanish/Hispanic/Latino.)

- | | |
|---|---|
| <input type="radio"/> No, not Spanish, Hispanic, or Latino | <input type="radio"/> Yes, Cuban |
| <input type="radio"/> Yes, Mexican, Mexican American, Chicano | <input type="radio"/> Yes, other Spanish, Hispanic, or Latino |
| <input type="radio"/> Yes, Puerto Rican | |

90. What is your race? (Mark ONE OR MORE races to indicate what you consider yourself to be.)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
- ☐ Native Hawaiian or other Pacific Islander (e.g., Somoan, Guamanian, or Chamorro)

91. What is your age now?

- ☐ 18 to 24 ☐ 25 to 34 ☐ 35 to 44 ☐ 45 to 54 ☐ 55 to 64 ☐ 65 to 74 ☐ 75 or older

THANK YOU

Please return the completed survey in the postage-paid envelope.



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